PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected t maintenance fee notification	below or directed oth	nerwise in Block 1, by (a	a) specifying a new co	orrespo	ndence address;	and/or ((b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for
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62663 75		/2007	B. J. T.		Cer	tificate o	of Mailing or Transi	mission
P.O. BOX 5257 NEW YORK, NY		I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
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	_			<u> </u>		<u>.</u>		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	OR Paragraphy		NEY DOCKET NO.	CONFIRMATION NO.
10/795,815	10/795,815 03/08/2004		Michael D. Estlick	zk S			UN040063	2783
TITLE OF INVENTION: PA	ARTIAL ADDRESS	COMPARES STORED I	N TRANSLATION L	OOKA:	SIDE BUFFER			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PI	REV. PAID ISSUE	EFEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	<u> </u>	. \$0		\$1700	04/10/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS					
KROFCHECK, M	ICHAEL C	2186	711-207000			- 10 <u>- 10 - 10 - 10 - 10 - 10 - 10 - 10</u>		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Sun Microsyste Please check the appropriate	an assignee is ident 37 CFR 3.11. Comp EE ms, Inc.	ified below, no assignee oletion of this form is NO	data will appear on the Tasubstitute for filing (B) RESIDENCE: (C) Santa C1	he pater g an ass CITY an ara,	nt. If an assign ignment. nd STATE OR C	OUNTR	Y)	ocument has been filed for
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form FTO 2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-0100 (enclose an extra copy of this form).								
5. Change in Entity Status a. Applicant claims Solution NOTE: The Issue Fee and Property of th	MALL ENTITY statu	is. See 37 CFR 1.27.	b. Applicant is no				_	
interest as shown by the reco	ords of the United Sta	tes Patent and Trademark	Office.					
Authorized Signature	/John W. Bra	inch/			Date Mar			
Typed or printed name	John W. Bran		<u> </u>		Registration N			
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